	171611	Effe	clive Oct			ION HECK	:		10/	62	339	2
		CLAIMS	AS FILED	- PART	5		s	MALL	ENTITY		OTHE	RTHAN
,		····	: (Colur	(Column 1) (C		olumn 2)		YPE		. OF		EKTITY
T	OTAL CLAIM	.S	1				[RATE	FEE	7	RATE	FEE
F	OR.	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	€ 395.00	OA	BASIC FEI	790.00	
Ţ	OTAL CHARGE	EABLE CLAIMS	n	minus 20=				X\$25:		OR	X50 I=-	
IN	DEPENDENT	CLAIMS		ninus 3 =		·		X top=		OR	X100=	
1.5	ULTIPLE DEFE	ENDENT CLAIM	PRÉSENT				-	+150=		OR		-
* (f the difference	e in column 1 is	less than	less than zero, enter "0" in column 2			L	TOTAL	 	OR	<u> </u>	-
CLAIMS AS AMENDED - PART II								:			OTHER	7400
	·	(Column 1)		(Column 2) (Column 3)				SMALL	ΕΝΊΤΥ	OR	SMALL	
AMENDMENTA	2/1/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus		20	= /		× 25 =	/	OR	X\$50=	
	Independent	1.3	Minus	<i>ح</i> ا	3	=		×100 :		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							150=		OR	+800=	
					٠		400	TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	en 21	(Celumn 3)	AU	DIT. FEE	.		AUDII. FEEI	
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME FREVIOUS PAID F	ST ER USLY	PRESENT EXTRA	F	WE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	€~ #		=:	λ	JS=		OR	X50	
	Independent	*	Minus	gen		=	i· ~	100=		OR	X200=	_,
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						*				1365	•
				•		*		150=		OR	+300=	
						•	ADD	TOTAL IT. FEE	77	OR,	TOTAL VODIT. FEE	
		(Column 1)		(Columi	n 2)	(Column 3)		•	_			
W L		CLAIMS REMAINING AFTER - AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	er <i>I</i> sly	PREȘENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL ,FEE
	Total	*	Minus ·	44		=	X	25'=		OR	X\$50=	-
	Independent	•	Minus	tee	-	F	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Ī	X200:	•
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ω =		OR	~au:	
If the potry in column 1 in face than the country in								50=	1	OR	+300=	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 20. **Hother Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 20.												
Ť	he Highest Num	ber Previously Paid	For Clotal or	S or AUC IS I	ess that I is the	io, and highest it rathers	found in	the appo	opriate box	in cotu	ma 1 •	

Application or Docket Number